

RENEWAL OF AGREEMENT 2017-2018 SCHOOL YEAR
BETWEEN SCHOOL FOOD AUTHORITY (SFA) AND
ARKANSAS DEPARTMENT OF EDUCATION (ADE) CHILD NUTRITION UNIT (CNU)

SFA/School District: _____

LEA #: _____

NATIONAL SCHOOL LUNCH PROGRAM (NSLP) CFDA# 10.555					SCHOOL BREAKFAST PROGRAM (SBP) CFDA# 10.555/10.553				
<input type="checkbox"/> Regular Session	Dates:				<input type="checkbox"/> Regular Session	Dates:			
	# of serving days:		Start Date	End Date		# of serving days:		Start Date	End Date
<input type="checkbox"/> ADE Regular Summer Session	Dates:				<input type="checkbox"/> ADE Regular Summer Session	Dates:			
	# of serving days:		Start Date	End Date		# of serving days:		Start Date	End Date
*AFTERSCHOOL SNACK PROGRAM (ASP) CFDA# 10.555					**SPECIAL MILK PROGRAM				
<input type="checkbox"/> Regular Session	Dates:				<input type="checkbox"/> Regular Session	Dates:			
	# of serving days:		Start Date	End Date		# of serving days:		Start Date	End Date
<input type="checkbox"/> ADE Regular Summer Session	Dates:				<input type="checkbox"/> ADE Regular Summer Session	Dates:			
	# of serving days:		Start Date	End Date		# of serving days:		Start Date	End Date
*This program requires a separate Schedule B.					**Available only if NSLP and SBP are not available.				
*ADE SEAMLESS SUMMER OPTION (SSO) (for <u>Summer 2018</u>) CFDA# 10.555									
<input type="checkbox"/> BREAKFAST	Dates:				<input type="checkbox"/> SNACK	Dates:			
	# of serving days:		Start Date	End Date		# of serving days:		Start Date	End Date
<input type="checkbox"/> LUNCH	Dates:				<input type="checkbox"/> SUPPER	Dates:			
	# of serving days:		Start Date	End Date		# of serving days:		Start Date	End Date
*This program requires a separate Seamless Summer Schedule C-18. Contact Child Nutrition Unit for details.									

ADE Child Nutrition Program FFATA Funding Source for LEA Sub Awards: CFDA Title: Child Nutrition Cluster CFDA#: 10.555 Award Name: Child Nutrition
 Federal Agency: United States Department of Agriculture School Year 2017-18 Funded by Federal Fiscal Year (FFY) 2017 and 2018.

Optional Agreement and Policy Statement Revisions for the 2017-18 School Year. Check Yes if revisions are attached, check No if revisions were not made from 2015-16 Original Agreement and Policy Statement.

YES NO

____ ____ Civil Rights Assurances Attestation

____ ____ Food Safety Plan Attestation

YES NO

____ ____ Procurement Policy and Procedures

Superintendent Name (print):	District Child Nutrition Director Name (print)
Original Signature:	Original Signature:
Date:	Date:

Return both sets with original signatures to ADE CNU by May 12, 2017:

ADE CHILD NUTRITION UNIT
 2020 West 3rd Street, Suite 404
 Little Rock, AR 72205-4665

APPROVED BY: _____ Date: _____

Suzanne Davidson, Director
 Child Nutrition Unit